RECEIVED

CENTRAL FAX CENTER

JAN 3 0 2006

LEVINE BAGADE LLP



2483 East Bayshore Road Suite 100 Palo Alto, CA 94303 Tel: 650.242 4211

Fax: 650.284.2180

Customer No. 40518

FAX

To:	Commissioner for Patents	From:	Laura L. Shires
Fax:	(571) 273-8300	Pages:	3 (including cover page)
Phone:		Date:	January 30, 2006

Comments: OFFICIAL FILING - POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application No.: 10/052.758
Filing Date: January 18, 2002

THE: METHOD AND APPARATUS FOR CLOSING SEPTAL DEFECTS

Inventor(s): Nicholas DEBEER et al.

Examiner: T. Barrett Group Art Unit: 3738

Attorney Docket No.: T\$NMNP00100

Papers attached:

 Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address – 2 pages:

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service will) sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents. P.O. Box 1450. Alexandria, VA 22313-1450" [37 CFR 1-8(a)] on the date shown

7. 6. 6.

Signature

ž. (Laura L. Shires)

Date

*Total of 2

1-26-06

forms are submitted.

Application Number

First Named Inventor

Filing Date

~~~~

## RECEIVED CENTRAL FAX CENTER

01/26/2006 17:14 FAX 650 4638830

Under the Paperwork Reduction Act of 1995, no persons are required to respond to

REVOCATION OF POWER OF

**ATTORNEY WITH** 

IN-CUBE INC.

JAN 3 0 2006

10/052,758

650-563-4260

January 18, 2002

PTO/SB/82 (04-05)
Approved for use through 11/30/2005. DMB 0651-0035
U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it deptays a valid OMB control number.

Nicholas DEBEER **NEW POWER OF ATTORNEY** Art Unit 3738 AND **Examiner Name** T. Barrett CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number TSNMNP00100 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 40518 ✓ I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 4051B Customer Number: OR Firm or Individual Name Address State Zip City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Nicholas deBeer

This collection of information is required by 37 CFR 1.35. The information is required to obtain or ratain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE; Signatures of all the inventors or essigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

Telephone

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

,) , . **.**,

01/26/2006 17:14 FAX 650 4638830

IN-CUBE INC.

**2004** 

PTO/S8/92 (04-05) Approved for use through 11/30/2005, OMB 0651-0035

Attorney Docket Number | TSNMNP00100

| Under the Peperwork Reduction Act of 1995, no persons are required to re |                        | ffice; U.S. DEPARTMENT OF COMMERCE<br>ess it displays a valid OMB control number. |  |
|--------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|--|
|                                                                          | Application Number     | 10/052,758                                                                        |  |
| REVOCATION OF POWER OF                                                   | Filing Date            | January 18, 2002                                                                  |  |
| ATTORNEY WITH                                                            | First Named Inventor   | Nicholas DEBEER                                                                   |  |
| NEW POWER OF ATTORNEY                                                    | Art Unit               | 3738                                                                              |  |
| AND CHANGE OF CORRESPONDENCE ADDRESS                                     | Examiner Name          | T. Barrett                                                                        |  |
| CHANGE OF CORRESPONDENCE ADDRESS                                         | Attorney Docket Number | TENNADOMOS                                                                        |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.                                                                                                            |                        |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|--|--|--|--|
| A Power of Attorney is submitted herewith.                                                                                                                                                            |                        |  |  |  |  |  |
| OR  I hereby appoint the practitioners associated with the Customer Number:  40518                                                                                                                    |                        |  |  |  |  |  |
| Please change the correspondence address for the above-identified application to:                                                                                                                     |                        |  |  |  |  |  |
| The address associated with Customer Number:                                                                                                                                                          | 40518                  |  |  |  |  |  |
| OR                                                                                                                                                                                                    |                        |  |  |  |  |  |
| Firm or Individual Name                                                                                                                                                                               |                        |  |  |  |  |  |
| Address                                                                                                                                                                                               |                        |  |  |  |  |  |
| City                                                                                                                                                                                                  | State Zip              |  |  |  |  |  |
| Country                                                                                                                                                                                               |                        |  |  |  |  |  |
| Telephone                                                                                                                                                                                             | Email                  |  |  |  |  |  |
| I am the:  ☑ Applicant/Inventor.                                                                                                                                                                      |                        |  |  |  |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)                                                                             |                        |  |  |  |  |  |
| SIQNATURE of Applicant or Assignee of Record                                                                                                                                                          |                        |  |  |  |  |  |
| Signature 2                                                                                                                                                                                           |                        |  |  |  |  |  |
| Name - Martin Dieck                                                                                                                                                                                   | ·                      |  |  |  |  |  |
| Date 1/24/06                                                                                                                                                                                          | Telephone 408 406 4236 |  |  |  |  |  |
| NOTE: Signatures of all the Inventors or easignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                        |  |  |  |  |  |
| (2) "Total of 2 forms are submitted,                                                                                                                                                                  |                        |  |  |  |  |  |

This collection of information is required by 37 CFR 1.35. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.